

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/717019

FILING DATE

APPLICANT(S)

08/16/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	cancel					
2	1					
3						
4						
5						
6						
7						
8						
9	cancel					
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
22						
23						
24	cancel					
25	1					
26						
27	cancel					
28	1					
29						
30						
31						
32						
33						
34						
35						
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39						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	7					
TOTAL CLAIMS	19					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS